

Freshstart[®]

Facilitator's Guide



Registration Form

Name _____ Date _____

Mailing Address _____

Day Phone () _____ Evening Phone () _____

**Please
answer these
questions:**

1. How many cigarettes do you usually smoke each day? _____

2. When do you smoke your first cigarette of the day? _____

3. At what age did you become a regular smoker? _____

4. Have you tried quitting before? _____

When? _____

How long did you stay quit? _____

5. Are there other smokers in your household? _____

6. What benefits of quitting do you want to achieve? _____

Other comments/concerns: _____

Please indicate if there are certain days or hours that you cannot attend a **Freshstart** group: _____

Thank you.

We will contact you soon to schedule you for an upcoming meeting.

Introduction

Tobacco use is the single largest preventable cause of disease and premature death in the United States.

Each year, according to the Surgeon General, smoking accounts for an estimated 440,000 premature deaths related to smoking, 38,000 deaths in nonsmokers as a result of exposure to secondhand smoke, and \$157.7 billion in health-related economic losses. Thirty percent of cancer deaths, including 87% of lung cancer deaths, can be attributed to tobacco (Cancer Prevention and Early Detection Facts and Figures 2005).

According to the Centers for Disease Control and Prevention, the estimated annual cost of tobacco use to an employer is \$3,400 per smoker per year. Implementing a smoking cessation program such as ***Freshstart*** demonstrates your commitment to employee well-being. However, to sustain program implementation, the American Cancer Society recommends that you set goals toward the development of policies and procedures that support and facilitate a smoke-free workplace. Workplaces nationwide are going smoke-free to provide clean indoor air and protect employees from the harmful, life-threatening effects of secondhand smoke. This type of change often requires a commitment from management, human resources personnel, and staff to work together to determine appropriate and feasible ways to support long-term goals. These efforts will, however, result in an improved bottom line.

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Background

Purpose

Congratulations on being selected as a *Freshstart* facilitator. The American Cancer Society's *Freshstart* program is designed to help participants stop smoking by providing them with all of the essential information and strategies needed to direct their own efforts at stopping. The program focuses on an active pragmatic approach to quitting smoking through active participation and group support. Participants are encouraged to apply what they learn in *Freshstart* to other aspects of their lives.

The Facilitator

Your Responsibilities:

As a facilitator, you are responsible for seeing that all participants are involved in the *Freshstart* process. To ensure participant involvement, consider the following:

1. Involve the participants in the group discussions where indicated in the *Freshstart* program.
2. It is your responsibility to summarize the program content that is also provided in the Participant's Guide.
3. To be an effective Facilitator, it is important for you to be familiar with the Participant's Guide and the Facilitator's Guide.

Your role as a *Freshstart* facilitator is *not* that of a lecturer. You are expected, however, to be knowledgeable in the area of smoking cessation by the start of your first group session. You are not expected to be an expert on all aspects of smoking or tobacco use.

If a participant asks a question that you are unable to answer, inform the group of your uncertainty and then work with the participant to find the answer. This strategy will help you maintain credibility as a facilitator. Below are a few simple tips to assist you in finding the answer to participant questions.

1. Ask other members of the group if they know the answer.
2. Tell the participants you will look for an answer and report it at the next group meeting.
3. Review pages 31-34 of this manual for examples of questions and rationalizations with suggested answers.

As the program facilitator, it is your responsibility to see that the group sessions begin and end on time, and to keep your comments and the group discussion highly focused. Evenly paced and well-focused meetings will keep participants actively involved and receptive to the information being presented.

Finally, it is your responsibility to keep a record of the participants' smoking progress (progress record on page 34). This progress record will be used throughout the four sessions and will be turned into the designated person upon completion.

Why You Were Selected as a Freshstart Facilitator

You were selected because you hold three main qualities:

1. You are committed to the maintenance of health through good self-care and to the fact that it is very important for individuals to stop smoking.
2. You enjoy working with groups.
3. You possess personal qualities such as a strong empathic ability, perceptiveness, a good sense of humor, and an ability to speak in a direct and simple manner.

Program Layout

Freshstart has been successful because of its unique setup. The **Freshstart** program consists of four one-hour group sessions that take place twice weekly over a two-week period. Studies have demonstrated that a program of this length will yield as many successful ex-smokers (assessed on a long-term basis) as will a longer program stretched out over many weeks.

Freshstart contains all of the elements that have been found to be meaningful in helping smokers stop and stay off cigarettes; the program addresses the behaviors, thoughts, and feelings of the smoker. **Freshstart** makes use of group interaction to encourage and support change, but it does not foster group dependency among the participants.

Freshstart is a program of four one-hour flexible sessions. As the facilitator, you have the option of holding longer meetings to show films or to provide more time for group discussion. Although the program is flexible, the core curriculum of **Freshstart** should always be presented.

You will notice throughout the facilitator manual that several suggestions are made for how to phrase a particular question or explain a particular topic. Even though some material is scripted in this way, you are encouraged to use your own words to present the program content. The scripted material is intended only to clarify the information and to suggest some approaches for presenting it to participants.

Format for the Four Group Sessions

Throughout this guide, suggestions are there for you. Even though some material is scripted in this way, you should still use your own words to present the program content. The scripted material is intended only to clarify the information and to suggest some approaches for presenting it to participants.

There are four phases included in each group session. The American Cancer Society recommends that the facilitator spends 15 to 20 minutes on phases one, two, and three, and that a maximum of five minutes be spent on phase four.

Phase 1: Individual Attention

Phase 2: Strategies and Information

Phase 3: Review and Discussion

Phase 4: Assignments

Phase I: Individual Attention

Introductions

Ask participants to take turns introducing themselves. As part of these introductions, ask each participant to answer three key questions: (If you have access to a flip-chart or chalkboard, write the three key questions for all participants to see and refer to during the introduction phase.)

1. Can you name the benefits that you hope to achieve by quitting smoking?
2. Do you know the triggers that make you want to smoke?
3. You've taken the first step toward quitting by joining us here. What motivated you to come?

You may find it helpful to take notes during the sessions for your own use. Reviewing them after the session can help you plan for the next session. This will assist you in remembering each participant's particular situation and to be sure that it is not the same few participants who talk each time.

If you intend to take notes, explain to the group in the first session that you will be doing so. State that the notes are for your personal use in planning the subsequent sessions. Do not take excessive notes, however. It is most important to maintain eye contact and focus attention on the participants. Jot down occasional key words, phrases, and names that will serve to trigger your memory of the complete details after the session.

Opening Remarks and Group Discussion

Open *Freshstart* sessions two, three, and four by inviting participants to ask questions or share experiences they feel will benefit other group members. In the event that the members of the group are quiet, the facilitator can stimulate discussion by asking questions such as:

- Is this your first attempt to quit smoking?
- How do you feel today compared to how you felt last week?

- Are you finding it easier than you expected?
- How is this time different from your previous attempts at stopping?

During this group discussion, individualize attention and answer participant questions. Examples of participant questions or comments might be as follows:

- I was supposed to quit this Friday, but when I woke up Friday morning, I smoked two cigarettes before I even remembered my goal. What do you do if you can't concentrate without cigarettes?
- How do I deal with my mate's smoking when I'm trying so hard to quit?

When answering participants' questions, be thorough, direct, and avoid cutting off any discussion prematurely. It will be more beneficial to the group as a whole to have several participants' questions answered in depth rather than to have all questions answered superficially.

If there are a lot of questions, you may not have time to address them all. When the time allotted for "individual attention" is up, mention that anyone with a pressing question can see you at the end of the session. State during the first group session that you may have to limit the amount of time given to one participant's concerns in order to give time to others. By doing this at the beginning of the program, you will help prevent any individual from feeling embarrassed or hurt should you shift the conversation. Note that other circumstances will occur during the group discussion that will require you to shift your conversation. Consider the following examples:

- A participant is repeating his problem without listening to the feedback.
- A participant is repeatedly interrupting.
- A participant is discussing irrelevant matters.
- A participant is being rude or promoting negative attitudes in the group.

Smoking cessation group participants like to know that other people share their situations. You can maximize the time spent in the first phase of each session by calling attention to common experiences (e.g., if one participant discusses the use of cigarettes as a way of relieving anxiety at parties or social situations, you can refer to the similarity of another person's experience). Recognize and attend to everybody's individuality.

Although there may not be enough time, it's important for everyone to at least state his/her case, (i.e., whether he/she is smoking, how much, and what he/she is working on). This information will be helpful to you in knowing what aspects of your Strategies and Information phase to highlight. You should enter the number of cigarettes each individual smokes on an approximate average daily basis on the Participants' Progress Record (page 34).

Phase II: Strategies and Information

The second phase of each group session consists of your presentation of Strategies and Information. This phase is the right time to relate specific aspects of the topics under discussion to the session objectives.

A large amount of material is to be presented during this phase. The material should be presented in as direct and simple a manner as possible so that a minimum amount of time is needed for elaborating on the issues and techniques. Emphasize that participants should always feel free to ask questions necessary to clarify material before the session moves to another topic. However, ask

the group members to hold most comments on the topics until the Review and Discussion phase.

The material you present to the participants during this phase is also covered in the Participant's Guide. The facilitator will present the material in the following order:

1. Strategies and Information phase presentation
2. Review and Discussion phase
3. In the Participant's Guide
4. Individual Attention phase of the subsequent group session

The particular strategies and information to be presented in each session are specified in detail under Session Content (pages 8, 16, 24, and 29). Each session has an overall objective. The particular strategies and information presented in that session all relate to the overall session objective. It will be helpful for you to begin each Strategies and Information phase with a statement of the overall objective and how the strategies and information you will be presenting relate to that objective.

Phase III: Review and Discussion

In the Review and Discussion phase of each session, you should very briefly review the material you have just presented in the Strategies and Information phase. The facilitator can also relate this material to that presented in a previous session. For instance, in Session 3, you will be describing physical improvements following cessation during the Strategies and Information phase. In the Review and Discussion phase of Session 3, you might want to briefly refer to the description of the physiological effects of smoking presented in Session 2, since the improvements following cessation stem directly from the physiological effects of smoking.

Most of each Review and Discussion phase should be devoted to an open discussion among the participants of the material you have just presented. Participants will also be able to make use of this time to ask you to elaborate on particular aspects of the material and to relate them and the strategies and information to their personal circumstances.

Encourage participants to share ideas and experiences with each other during this period. In addition to giving your own suggestions to individual participants, ask others to offer suggestions.

Phase IV: Assignments

The Assignments phase of each group session should last a maximum of five minutes. There are two parts to the Assignments phase. The first task is telling the participants what section of their guide to read before the next session. The second task is to call attention to the individual goals participants have set for themselves. Ask them to select a quit date and an approach to quitting before the next session. Note that the four phases are intended to help you structure the group sessions and determine how much time to spend in the various activities. Do not announce the beginning of each phase, and don't call attention to the separate phases of each session.

Session 1

Understanding How and Why

Agenda: Introduction

Introduce the Participant's Guide and the *Freshstart* program.

Objective: Announce the Session 1 Objective

To understand why I smoke and how smoking affects me and those around me.
Describe ambivalence.

Individual Attention

Introduce individuals.

Strategies and Information

Describe approaches to stopping: cold turkey, postponing, and tapering.
Describe physiological effects of smoking.

Review and Discussion

Briefly review the material described.
Ask for questions and encourage discussion.

Assignments

Ask participants to select a personal quit date.

Introduction to the Guide and Program

1. Welcome Participants

Begin Session 1 by welcoming participants to the *Freshstart* program and congratulating them on their desire to stop smoking. Introduce yourself and describe your professional and personal experiences with smoking. If you are an ex-smoker, share how you feel about being successful at stopping smoking. If you have never smoked, briefly share a situation that will let the new participants know that you empathize with smokers. For instance, you may have a close friend who struggled to stop and finally made it; you may have a parent who developed a tobacco-linked disease; or you may have successfully conquered another addictive or compulsive habit.

2. Discuss Structure of Program

Talk about the structure of the *Freshstart* program, highlighting the fact that this program is for adult smokers. By focusing on the first thing that participants have in common, you are encouraging a sense of camaraderie among the group.

3. Distribute Participant's Guide

Explain that it contains information on the material discussed within the group sessions as well as additional exercises that participants can use at home. Inform them that at the end of each session, you will point out relevant sections.

4. Meeting Protocol

Talk briefly about meeting protocol. Outline the “rules” of each session:

- a. Keep discussions upbeat
- b. Adhere to the agenda
- c. Recognize raised hands as a way to keep discussions equitably shared among group members
- d. Stress the importance of attending all four group sessions
- e. Information shared in the group should be kept confidential

Once you have outlined the program and distributed program materials, transition to other topics with a statement such as:

“In a few moments I will ask each of you to introduce yourself and share a little information about your own smoking and previous attempts at stopping. First I would like to go over some facts about the nature of being hooked on cigarettes. You may or may not be familiar with the information. As I present the concepts to follow, think about how they relate to your own smoking.”

Nicotine Dependence/Addiction

The overwhelming majority of people who smoke have a strong, physiological need for the nicotine contained in cigarettes and other tobacco products. This physiological need is referred to as nicotine dependence or nicotine addiction because it is nicotine that is responsible for the effects on the body. Nicotine:

- Reaches your brain seven seconds after you inhale and fools your brain into “feeling good”
- Affects the chemistry of the brain and nervous system. Smokers may rely on cigarettes to regulate their moods
- Increases heart rate
- Increases blood pressure
- Causes rapid, shallow breathing

Because nicotine has similar effects on the brain like heroin, cocaine, and marijuana, it is appropriate to consider nicotine an addictive drug. In order to break free from the dependence, participants must recognize that they have an addiction.

Psychological Reasons for Smoking

In addition to nicotine dependence, most people have psychological reasons for smoking. If the need for nicotine were just physical, all smokers might be successful the first attempt they make to stop smoking. Smokers turn to cigarettes for a variety of reasons: to adjust to their moods, to cope with feelings, or because it's a habit. People who smoke out of habit are likely to smoke in certain situations or during certain activities. That person may not consciously think about smoking or even remember lighting the cigarette.

Examples of smoking out of habit include:

- While driving a car
- While talking on the phone
- While drinking a cup of coffee

Additional reasons people smoke:

- To help cope or deal with stress or uncomfortable situations
- Smoke with friends
- To help ease tension
- To deal with loneliness, boredom, or frustration
- Cigarettes are a “friend” and the individual may feel sad or frightened at the thought of losing their reliable, comforting friend
- To stimulate creativity
- Smoke while drinking alcohol
- Because they are happy or having fun
- To make good times even better

Activity: Ask participants what psychological reasons apply to them? Ask participants to make a list of situations/activities in which they would be likely to smoke.

Ambivalence About Stopping vs. Smoking

Let the group participants know that you recognize many of them may have mixed emotions about stopping smoking. Individuals may want to stop smoking, which is why they are attending the *Freshstart* program, but they have not yet quit.

Relate your discussion of ambivalence to the aspects of smoking that you have just described, pointing out that the reasons people may want to continue smoking vary from smoker to smoker. Explain to the participants that it is not necessary to get rid of the desire to smoke before stopping completely. At this time, the individual needs to decide one thing: to smoke or to stop.

Emphasize that there are very few clear-cut choices in life, but that most decisions are based on preferring one option over another. An important point to stress is that once they decide that they want to quit more than they want to smoke, they can change ambivalence into action by actually stopping smoking.

Individual Attention

Individual Introductions

Ask each person to introduce themselves and to answer three key questions:

1. Can you name the benefits that you hope to achieve by quitting smoking?
2. Do you know the triggers that make you want to smoke?
3. You've taken the first step toward quitting by joining us here. What motivated you to come?

Strategies and Information

Approaches to Stopping

Let group members name the methods of cessation they have heard about or tried. This information will bring some levity to their conversation. By discussing all methods, group members begin to explore together the nature of their addiction and the differences between gimmicks and real solutions to their problem.

After the conversation concludes, describe the cessation methods supported by the *FreshStart* program:

1. Cold Turkey

- a. **Definition** - Abrupt cessation from one's addictive level of smoking.
- b. **Example** - Today you smoke your regular two packs of cigarettes a day and tomorrow you smoke zero.

2. Gradual Approach (Two types)

a. Tapering

- i. **Definition** - The individual sets a personal quit date, count cigarettes, and smoke a predetermined less number each day.
- ii. **Example** - A smoker decides to reduce the number of cigarettes by five each day for six days – until the personal quit date.

Day 1: Smokes the usual 30 cigarettes

Day 2: Smokes 25 cigarettes

Day 3: Smokes 20 cigarettes

Day 4: Smokes 15 cigarettes

Day 5: Smokes 10 cigarettes

Day 6: **Smoker stops smoking.**

Advise the participants that cutting down by just one cigarette a day is insufficient unless they are already light smokers.

b. Postponing

- i. **Definition** - The individual postpones the time at which they will smoke their first cigarette each day by a predetermined number of hours. Once smoking begins each day, there is no need to count cigarettes or focus on reducing the number smoked.
- ii. **Example** - A smoker decides to postpone the time to start smoking by two hours each day for six days until their personal quit date.

Day 1: Begins smoking at their regular time: 9:00 am

Day 2: Begins smoking at 11:00 am

Day 3: Begins smoking at 1:00 pm

Day 4: Begins smoking at 3:00 pm

Day 5: Begins smoking at 5:00 pm

Day 6: Begins smoking at 7:00 pm

Day 7: **Smoker stops smoking.**

A gradual approach is often recommended for individuals who are especially anxious about stopping or who lack confidence about their likelihood of succeeding. Individuals who see they can get by with either gradual approach will have a higher level of confidence in their ability to quit smoking. Stopping gradually **will not** reduce the withdrawal symptoms of individuals who are addicted to nicotine.

If participants are uncertain as to which method might work best for them, suggest that they take the quiz “What’s the Best Way for You to Quit?” This quiz can be located on Web site: <http://www.cancer.org>.

During this presentation, participants may ask the following questions:

Which method is better?

Advise the participants that many successful ex-smokers quit cold turkey, but that either approach is fine. They will be most successful by combining their method of quitting with support such as this **Freshstart** program or medications designed to help them stop smoking.

If I chose the gradual approach, can I extend it throughout a month’s time?

If they chose to quit gradually, they should spend only a few days with that approach. Cutting down for a longer period of time (i.e., several weeks), can be counter-productive. We do not want participants to use procrastination as a way of preparing to quit.

The Quitline®

Quitline is a telephone-based tobacco cessation program. Most Quitlines are available to users free of charge and provide callers a variety of information and services including:

- Individualized telephone counseling
- Referral to local programs
- Education materials

Unlike traditional cessation programs, in which it is common for participants to be required to wait until a group forms, quitlines are available year-round. Quitline callers are typically from all age groups, although adults are the most common callers. Callers contacting the Quitline typically want to quit but are in need of support. To locate a Quitline in your area, call: 1-877-YES-QUIT.

Nicotine Replacement Therapy (NRT)

Nicotine Replacement Therapies (NRT) are medications that contain nicotine but not the other harmful components of cigarettes. NRTs help stop cravings and withdrawal symptoms in smokers who are trying to quit, allowing them to concentrate on dealing with the psychological reasons behind their smoking.

NRTs are no magic bullet for smoking cessation. To be effective, they should be combined with a behavioral support program like **Freshstart**. Studies show that together, medication and support can double a person’s chances of successfully stopping smoking.

Types of Nicotine Replacement Therapy:

Please remember that unless you are a trained professional, you should not give medical advice.

Type of NRT	Description	Advantage	Possible Side Effects
Nicotine Patch	The nicotine patch resembles an oversized adhesive bandage and is available over the counter. The inner portion of the patch presses against the skin and slowly releases nicotine, which is absorbed into the body. The nicotine in the patch reaches the bloodstream over several hours and continues entering the bloodstream several hours after the patch is removed. You should not smoke within 12 hours of removing the patch.	<ul style="list-style-type: none"> • It's easy to use as you just replace the patch once a day. • Studies show that people who benefit most from the patch are longtime smokers who have developed an extreme addiction to nicotine. 	<ul style="list-style-type: none"> • Mild itching, burning, or tingling at the site of the patch that does not go away within an hour. • The 24-hour patch may cause vivid, colorful dreams and difficulty sleeping. If sleep problems don't stop within three or four days, try switching to a 16-hour patch.
Nicotine Gum	Nicotine gum has a similar texture to chewing gum; it too can be purchased over the counter. When the gum is chewed, nicotine is slowly released into the mouth. Nicotine gum is not meant to be constantly chewed. Users should chew the gum slowly until a peppery taste is noticed. The gum should then be placed or "parked" against the cheek. Nicotine gum delivers less nicotine to your body than a cigarette and does so at a slower rate.	<ul style="list-style-type: none"> • It allows you to control when you receive a nicotine dose. • The gum may be better than the patch for people with sensitive skin. • The gum can be chewed as needed or on a fixed schedule during the day. 	<ul style="list-style-type: none"> • Bad taste • Throat irritation • Mouth ulcers • Hiccups • Nausea • Jaw discomfort • Racing heartbeat
Nicotine Lozenge	Nicotine lozenges look similar to a cough drop or piece of hard candy. They too can be purchased over the counter at most drugstores. Similar to nicotine gum, the lozenge is placed or "parked" against the cheek where it slowly releases nicotine into the mouth. The nicotine lozenge delivers less nicotine into your body than a cigarette and does so at a slower rate.	<ul style="list-style-type: none"> • The lozenge comes in two doses – 2 mg and 4 mg. • The lozenge can be used discreetly throughout the day. • Nicotine enters the brain within minutes. 	<ul style="list-style-type: none"> • Difficulty sleeping. • Upset stomach, especially if you swallow the lozenge • Hiccups • Cough • Heartburn • Headache • Excessive gas

Type of NRT	Description	Advantage	Possible Side Effects
Nicotine Nasal Spray	Nicotine nasal spray is used like all other nasal spray products – by squirting mist into each nostril. Unlike nicotine patches or nicotine gum, the nasal spray is rapidly absorbed through the nose into the bloodstream. The “hit” of nicotine you get when you use the nasal spray feels more like smoking a cigarette. Nicotine nasal spray is only available by prescription.	<ul style="list-style-type: none"> • The spray gives immediate relief of withdrawal symptoms. • It is easy to use. • The spray gives a quick “rush” of nicotine that might help heavily addicted users. 	<ul style="list-style-type: none"> • Nasal irritation • Runny nose • Watery eyes • Sneezing • Throat irritation • Coughing
Nicotine Inhaler	The nicotine inhaler looks very much like a cigarette. It holds a cartridge that delivers a puff of nicotine vapor into your mouth and throat, where it is absorbed. The nicotine is not absorbed into the lungs like the smoke of a cigarette; therefore, the inhaler does not give the same “hit” of nicotine as a cigarette. Nicotine inhalers are only available via prescription.	<ul style="list-style-type: none"> • The nicotine inhaler controls the amount of nicotine you get when you have an urge to smoke. • The nicotine inhaler may be able to satisfy a craving for a hand-to-mouth action by using the nicotine inhaler. 	<ul style="list-style-type: none"> • Coughing • Mouth or throat irritation • Upset stomach
Bupropion (Zyban®)	Bupropion is a prescription antidepressant that is also used to treat nicotine addiction. The drug has been shown to reduce nicotine withdrawal symptoms and the urge to smoke.	<ul style="list-style-type: none"> • Some studies show that Bupropion can help reduce weight gain. • Bupropion is safe to use with other forms of nicotine replacement therapy. • Patients report fewer withdrawal symptoms (i.e., cravings, anger, anxiety, and sadness) than a placebo group. • Smokers begin taking Bupropion before they stop smoking, which helps to reduce cravings. • People who haven’t been helped by nicotine replacement therapies may have success with Bupropion. 	<ul style="list-style-type: none"> • High blood pressure • Dry mouth • Sweating • Abdominal pain • Agitation/anxiety • Dizziness • Muscle pain

Physiological Effects of Smoking

Take time to point out the range of conditions caused or aggravated by smoking:

- Lung cancer and other forms of cancer
- Emphysema
- Heart disease
- Chronic bronchitis
- Sinusitis
- Amblyopia (a condition involving the loss of vision)
- Premature aging of the skin

Take time to describe the following physiological effects of smoking tobacco:

(This information is also detailed in the Participant's Guide)

- Carbon monoxide in tobacco prevents the correct amount of oxygen from reaching the tissues of all parts of the body.
- A lack of oxygen in the body will cause the activity of the brain to slow down.
- A lack of oxygen to the heart can cause heart disease and myocardial infarction.
- Nicotine is also a stimulant that can cause increased nervousness in predisposed smokers.
- The tars from smoking tobacco may stimulate the growth of cancer.
- There are over 100 different poisons in tobacco smoke, all having various harmful effects on the body over time.

Review and Discussion

Review the material presented in the Strategies and Information phase. Keep the discussion open to the participants. Ask participants if there are sections of the material that they would like you to elaborate on or relate to a particular circumstance.

Assignments

Ask participants to decide on a personal quit date. This day should be any day from the present day, up to the day before the third session. Ask participants to decide also whether they will go cold turkey or use a gradual approach. All participants are expected to come to the second session knowing when and how they will quit. Some of the participants will have quit already.

Assign Session 1 from the Participant's Guide.

Session 2

Mastering the First Few Days

Agenda: Individual Attention

Encourage participants to share their recent experiences.

Objective: Announce the Session 2 Objective

To master the first few days off cigarettes.

Strategies and Information

Conduct a discussion of withdrawal symptoms.

Explain how to use deep breathing to relax.

Present three brief relaxation exercises.

Define assertiveness and discuss it in relation to stopping smoking.

Introduce stress management.

Describe constructive thinking.

Encourage participants to make this time unique.

Review and Discussion

Briefly review the material described.

Ask for questions and encourage discussion.

Assignments

Encourage participants to choose quit dates, if they haven't.

Refer participants to page 7 of the Participant's Guide.

Remind participants of the four practical tips.

Individual Attention

Begin this session by asking each participant to reveal the quit date they have selected. Ask the participants to announce to the group if they are going to quit using the cold turkey method or gradual approach. Ask participants if anyone took the American Cancer Society's "What's the Best Way for You to Quit?" quiz located on the Web site <http://www.cancer.org>.

Ask participants if they called the American Cancer Society toll-free number 1-877-YES-QUIT to locate a Quitline in their area.

CONGRATULATE the participants who have stopped smoking prior to the beginning of this session. Ask the participants how they feel and answer any questions they may have about their experiences since stopping.

COMPLIMENT any participant who has not yet quit but who has mastered some situation he/she had expected to be difficult.

Strategies and Information

Withdrawal Symptoms

Explain that some smokers experience withdrawal symptoms and that these symptoms relate mostly to the chemical addiction of smoking as described in the first session.

There are two very important points to make about withdrawal symptoms:

1. The symptoms will usually start a few hours after the last cigarette and peak at about two to three days later. Symptoms will most likely disappear within 1 to 2 weeks.
2. The withdrawal symptoms are signs that the body is repairing itself and is returning to the healthy state it was in before the individual starting smoking.

Common Withdrawal Symptoms

- **Craving**

This is the most familiar withdrawal symptom. Craving a cigarette means having an intense, recurring hunger for it. Inform participants that their cravings will diminish after a few days and disappear completely in about two weeks. Suggest that participants fight cravings by practicing the **Four D's**:

1. Take **DEEP** breaths. Close your eyes, breathe in through your nose, and breathe out slowly through your mouth.
2. **DRINK** water. Drink plenty of water throughout the day, especially during a craving. Drink it slowly.
3. **DO** something else – preferably something active. Call a supportive friend, dance, sing, write, go for a walk, chew on a carrot or an apple.
4. **DELAY** for 10 minutes. Repeat if needed – cravings only last about 20 minutes at the most.

- **Irritability/Tension**

A common withdrawal symptom. A result of the body's craving for nicotine.

- **Tingling Sensation**

Many report a tingling sensation in their arms and legs after they stop smoking. A result of improved circulation that will stop as soon as the body is back to normal.

- **Lightheaded/Dizzy**

An ex-smoker may feel lightheaded or dizzy due to the increased supply of oxygen to the brain now that the carbon monoxide is gone. Once the brain becomes used to functioning with a normal, healthy supply of oxygen, this symptom will disappear.

- **Lack of Concentration**

A result of the brain adjusting to working without being stimulated by nicotine.

avoiding a stressful situation. If individuals were to be more assertive in dealing with the stressful situation, they could more easily avoid smoking. Ask the participants to consider ways in which they can become more assertive. Review with the participants characteristics associated with assertiveness:

- Speak in direct, short sentences.
- Use phrases such as “I think,” “I believe,” and “In my opinion,” to show that you assume responsibility for your thoughts.
- Ask others to clarify what they’re saying when you aren’t certain you understand them.
- Describe events objectively, rather than exaggerating, embellishing, distorting, or lying.
- Have direct and extended eye contact.
- Reach out eagerly to shake someone’s hand.

Acknowledge that many individuals experience more anger when they stop smoking. Explain that this is sometimes a part of an overall increased emotional liability that characterizes withdrawal from cigarettes. Note that some individuals may also cry very easily for a few days. The anger may come from a feeling of frustration at the difficulty of stopping or at the experience of “being deprived” of something desired. If this is the case, the person should be referred to the description of ambivalence in Session 1 of their guide. Increased anger may come from the fact that the smoker is no longer using cigarettes to mask emotions – to suppress anger. The individual for whom the latter is true can especially benefit from learning how to become more assertive in expressing anger.

Activity: Applying this information to the everyday situations that will arise while they stop smoking is essential to managing the anger and anxiety that is certain to come. Talk with participants about experiences that are stressful to them and how they normally deal with those situations. By discussing specific situations that often trigger smoking, you help participants decide in advance to deal with stress without relying on cigarettes. Incorporate the following exercise:

Draw a table similar to the one at the top of page 22 on the board or flip-chart. Ask participants to list three events that are stressful to them and then list the ways they have dealt with the situations in the past. The point of the exercise is to encourage the use of assertive behavior instead of passive or aggressive behaviors that do not solve problems. Encourage this exercise to be a group activity. Encourage participants to use this activity at home when they are faced with stressful events.

Stressful Event	Assertive Response	Passive Response	Aggressive Response
1. _____			
2. _____			
3. _____			

Constructive Thinking

Much of the discomfort experienced by smokers struggling to become ex-smokers stems from destructive thinking. For instance, one new nonsmoker might report that their cravings and physical symptoms are a constant burden. This person might feel as though they cannot live their life with these ongoing feelings. On the other hand, another new nonsmoker might view these cravings and physical symptoms quite differently. This person might compare each day to the one before, concluding that yesterday's feelings weren't any different or more bothersome than today's. The second individual will experience less stress and will be more likely to be successful in staying off cigarettes.

Activity: The issue is constructive thinking; the key concept is that one's thoughts produce one's action(s). Ask the group members to keep this concept in mind. If they find themselves feeling down or tense and thinking unpleasant feelings, they will need to determine how they are going to respond to these thoughts so that they can be successful at quitting.

(e.g., **Thought:** I can't handle one more day of these cravings. **Negative Response/Action:** I cannot handle the cravings; I am going to smoke again. **Positive Response/Action:** I am going to take these cravings one day at a time and reevaluate how I feel at the end of one smoke-free week. If I fail, I am going to gear up and try to quit smoking again.)

Thought/Stress	Negative Response/Action	Positive Response/Action
1. _____		
2. _____		
3. _____		

Making This Time Unique

Conclude the Strategies and Information phase of this session by asking participants to think about how they are going to make this attempt to stop smoking unique. Ask them to think constructively about ways in which they can master stressful situations and how they can use their own sense of mastery to succeed in stopping smoking. Suggest that one way this can be unique is if they confront their own ambivalence. Refer participants to the list they created in their Participant's Guide.

Review and Discussion

Review the material presented in the Strategies and Information phase. Keep the discussion open to the participants. Ask participants if there are sections of the material that they would like you to elaborate on or relate to a particular circumstance.

Assignments

1. Encourage participants to keep their individual quit dates.
2. Assign Session 2 from the Participant's Guide. In particular, remind them to start using a relaxation exercise.
3. Remind them of the four practical tips:
 - (1) water
 - (2) stick of cinnamon
 - (3) physical exercise or gum
 - (4) deep breathing
4. Encourage participants to complete the assertiveness training chart at home.

Session 3

Mastering Obstacles

Agenda: Individual Attention

Encourage participants to share their recent experiences.

Objective: Announce the Session 3 Objective

To master all obstacles to staying off cigarettes.

Strategies and Information

Ask what physical improvements participants have experienced since stopping.

Describe the causes of weight gain following cessation.

Discuss the use of low-calorie snacks.

Briefly discuss the use of alcohol in relationship to stopping smoking.

Conduct a discussion of good vs. bad interpersonal support.

Review and Discussion

Briefly review the material described.

Ask for questions and encourage discussion.

Assignments

Refer participants to page 12 of the Participant's Guide.

Encourage participants to use relaxation exercises.

Remind participants of the four practical tips.

Individual Attention

By now every participant should have reached their quit date. If they have not, remind them that this is a critical component of the four-week support program.

Most of the participants probably will have quit smoking. Individualize your congratulations to each participant. Relate your comments to each individual's personal circumstances. Strongly encourage anyone who has not yet stopped to stick with it. Ask other participants to offer suggestions to individuals still smoking, or to individuals not smoking, but still struggling. The tone of this discussion should be upbeat and committed, but not superficial. Also ask if participants have practiced being more assertive, and if they found the tips in the Participant's Guide (page 16) to be helpful.

Strategies and Information

Physical Improvements Following Cessation

Some participants will be experiencing withdrawal symptoms and others will be enjoying the benefits of stopping. To engage all members of the group, first ask who is experiencing withdrawal symptoms. Make a list of the symptoms and ask those who are no longer in withdrawal to share with the members how they dealt with the symptoms. Transition to those that are feeling better as a result of stopping by stating the following: "Thank you for sharing what you are currently struggling with as a result of stopping smoking. If you can hang in there for a couple more days, the symptoms will stop and you will begin to notice physical changes. Who would like to share with the group the physical changes that are occurring to your body as a result of quitting?" If no one replies, you can mention:

- Increased energy
- Easier breathing
- Improved taste and smell
- Greater alertness

You can also list facts that are supported by the American Cancer Society and the Centers for Disease Control and Prevention.

FACTS (Consider passing out the American Cancer Society booklet: "When Smokers Quit.") Immediately upon quitting, your body begins to repair itself:

- **20 minutes** after you have quit smoking, your blood pressure drops to a level close to that before the last cigarette and the temperature in your hands and feet increase to normal.
- **8 hours** after you have quit smoking, the level of carbon monoxide in your blood drops to normal.
- **24 hours** after you have quit smoking, your chance of heart attack decreases.
- **2 weeks to 3 months** after you have quit smoking, your circulation improves and your lung function increases up to 30%.
- **1 to 9 months** after you have quit smoking, coughing, sinus congestion, fatigue, and shortness of breath decrease. The cilia in your lungs have regained normal function, increasing the ability to handle mucus, clean the lungs, and reduce infection.
- **1 year** after you have quit smoking, your excess risk of coronary heart disease is half that of a smoker's.
- **5 to 15 years** after you have quit smoking, your stroke risk is reduced to that of a nonsmoker's.
- **10 years** after you have quit smoking, lung cancer death rate is about half that of a smoker's and your risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.
- **15 years** after you have quit smoking, your risk for coronary heart disease is that of a nonsmoker's.

Weight Gain

Many participants will be concerned with weight gain – this might even be the main reason they have not attempted to quit smoking. Research shows that about 80% of individuals who quit smoking gain weight. On average, people gain about five pounds. However, for many smokers considering quitting smoking, the fear of weight gain is a serious deterrent. Keep this in mind: 56% of people who continue to smoke will gain weight, too. Therefore, weight gain should not be a deterrent as the health benefits of quitting smoking far exceed any risks from the average weight gain.

There are many reasons for potential weight gain:

1. Nicotine in cigarettes stimulates the body's metabolism. When you quit, this stimulant effect is lost, and weight gain can occur.
2. Food becomes a replacement for smoking without them realizing it.
3. The need for something in their mouth to replace the cigarette.
4. The need to do something with their hands.
5. The feeling as though they should treat themselves while they are quitting.
6. Boredom.

Encourage participants concerned about weight gain to watch what they eat and be more active. They may even wish to schedule an appointment with a dietitian to discuss developing a plan that can help them minimize weight gain.

Remind participant that while eating well and exercising are important, their primary goal is to quit smoking for the rest of their lives. If they are not currently active or watching their diet, trying to make these two additional behavioral changes can be discouraging. They can, however, make some easy changes in their eating and activity routines that will still enable them to remain focused on the task at hand: quitting smoking.

Watch portion sizes, especially of high-calorie foods. One of the easiest ways to help prevent weight gain is to pay attention to serving sizes. Many portions, in both restaurant and home-cooked meals, are too large and can quickly add up to extra calories and added pounds. Use these visuals to help you judge what a standard portion size looks like:

- $\frac{1}{2}$ cup of vegetables or fruit is about the size of your fist.
- A medium apple is the size of a baseball.
- A 3 oz. portion of meat, fish, or poultry is about the size of a deck of cards.
- A single serving bagel is the size of a hockey puck.
- $1\frac{1}{2}$ ounces of low-fat or fat-free cheese is the size of a pair of dice.
- One tablespoon of peanut butter is about the size of your thumb.

Keep healthy foods on hand. Stock the refrigerator, freezer, cupboards, briefcase and desk drawers at the office – with healthy, low-calorie foods. Having foods like fruits, vegetables, whole-grain crackers and cereals, and low-fat dairy products available and accessible throughout the day makes it easier to avoid higher calorie choices that participants might typically reach for.

Increase physical activity. Physical activity can be a big help when trying to quit smoking. Being active can help participants cope with withdrawal symptoms, reduce stress, and avoid gaining weight. Encourage participants to think about using a pedometer to track progress toward their physical activity goals. A pedometer is a device designed to count the number of steps a person takes. Simply clip the pedometer to the waistband of a pair of pants and carry on daily activities. The goal should be that by the end of the day, at least 10,000 steps have been accumulated.

Achieving a daily goal of 10,000 steps per day is equivalent to walking about 5 miles. By simply carrying out typical daily activities, most people average between 4,000 and 6,000 steps per day. Attaining 10,000 steps per day will require a little more effort. However, participants can put forth the extra effort during times of strong desire to smoke – go for a walk with a goal to acquire more steps.

Alcohol

For people who drink alcohol on a regular basis, there is usually a very strong bond between having a drink and having a cigarette. Chemically, the actions of alcohol and tobacco are very different, since alcohol is a depressant and tobacco is a stimulant. The bond is one of habit. Heavy drinkers generally find it very difficult to stop smoking because of this strong bond, but also because alcohol lowers one's resistance to temptation.

Some individuals find it helpful to avoid alcohol during the first few days after stopping until they feel stronger about resisting the temptation to smoke. If participants are going to be drinking when they first quit, it might be helpful for them to change their drink of choice along with their manner of drinking. This will lessen the association between the drink and smoking, and will also serve as a cue to remind individuals that they are ex-smokers now. Mention that alcohol itself can be hazardous to one's health and that the American Cancer Society recommends moderation in the use of alcoholic beverages. You might mention that marijuana, since it is also smoked, should be avoided as part of breaking away from the smoking habit. You can suggest dealing with it in the same way you have recommended for alcohol and management of stress.

Interpersonal Support

In the end, all successful smokers do it on their own. However, it can be helpful to obtain support from others during difficult times. It is natural for a new ex-smoker to want to share their success with stopping with others.

Encourage participants to talk about their bad times and good times of smoking with people who will be constructive. Participants should avoid discussing their experiences with individuals whom they feel will not be constructive. Constructive people will respond in the following manner:

1. Will not encourage the participant to seek comfort or to take the easy way out and have a cigarette when the going gets rough. Instead, will encourage the participant to persevere.

2. Will not call attention to any increased anger or irritability in the new ex-smoker's behavior.
3. Will not relate to the participant's stopping smoking with a competitive attitude.
4. If the participant has a cigarette, a constructive person will not criticize, but will encourage the participant to get back on the right track.

Review and Discussion

Review the material presented in the Strategies and Information phase. Keep the discussion open to the participants. Ask participants if there are sections of the material that they would like you to elaborate on or relate to a particular circumstance

Assignments

1. Assign Session 3 from the Participant's Guide.
2. Encourage participants to use a relaxation exercise daily.
3. Remind participants of the four practical tips:
 - (1) water
 - (2) stick of cinnamon, tic tac, or sugarfree chewing gum
 - (3) physical exercise
 - (4) deep breathing

Session 4

Staying Quit and Enjoying It Forever

Agenda: Individual Attention

Encourage participants to share their recent experiences.

Objective: Announce the Session 4 Objective

To enjoy staying off cigarettes forever.

Strategies and Information

Define ripple benefits and ask participants for examples.

Describe the main pitfalls to avoid in order to stay off cigarettes.

Describe long-term benefits of stopping smoking.

Mention any follow-up plans of the Society.

Review and Discussion

Briefly review the material described.

Ask for questions and encourage discussion.

Assignments

Ask participants if they want to exchange phone numbers. If so, distribute paper and pens.

Refer them to page 15 of the Participant's Guide. Emphasize the advantages of re-reading the guide for reinforcement and continuing to practice the relaxation exercises.

Encourage them to contact the American Cancer Society should they have any questions at any time.

Encourage any nonstoppers to continue trying.

Individual Attention

Congratulate participants individually on their successes. Be positive in encouraging any smoker who has not yet stopped. Determine what issues remain as the main possible stumbling blocks for individuals.

Strategies and Information

Ripple Benefits of Smoking

Explain that ripple benefits refer to unexpected benefits that occur as part of an overall process. For instance, a smoker may feel proud of having stopped smoking

and may experience an increase in self-esteem as a ripple benefit. Or, the ex-smoker may become more assertive so that he or she is more outgoing and hence derives more pleasure from social situations. As another example of ripple benefit, an individual may discover a new sport that becomes a lifelong recreation.

Avoid Returning to Smoking

There are many reasons individuals return to smoking even after they've been off cigarettes for some time:

- Death of a loved one
- Automobile accident
- Loss of job
- Breakup

Because an automatic response to the crisis might be to ask for a cigarette, or for someone to offer you a cigarette as a form of comfort, planning ahead will be the key to avoiding this step backwards. To plan ahead for this possibility, ask participants to make a list of reasons they would not want to return to smoking – even in a crisis.

Remind them that if they choose to smoke during a time of crisis, they will be left again with a smoking habit once the crisis has passed. Encourage them to ask themselves if smoking the cigarette will change the outcome of the situation. Have each of them think of a sentence that represents their strongest reason for never wanting to smoke again. Ask participants to write this sentence on the note card they used in Session 1. Suggest that the sentence be private. Have them always carry it with them in their wallet.

Another reason some ex-smokers end up smoking again is that they feel so good about stopping – so totally removed and unhooked from cigarettes – that they imagine that they can have a cigarette or two just for fun. The rule here is: “Avoid the one cigarette and you will avoid all the others.”

Some ex-smokers return to smoking because their experience off cigarettes was negative, usually either in terms of gaining weight or having difficulty in managing stress. Briefly review the tips given in Sessions 2 and 3 for managing stress and controlling weight.

Long-Term Benefits

Advise participants that the benefits of stopping smoking will be ongoing:

- Energy will continue to increase.
- Smoker's cough or chronic bronchitis will disappear.
- Risk for heart disease, emphysema, and various cancers will continue to decrease over time. Eventually they will have the same risk for these diseases as a person who has never smoked.
- If they are saving the money they used to spend on cigarettes, their savings will continue to grow as the price of cigarettes increases.

Review and Discussion

Review the material presented in the Strategies and Information phase. Keep the discussion open to the participants. Ask them if there are sections of the material that they would like you to elaborate on or relate to a particular circumstance.

Assignments

1. Ask them if they would like to exchange phone numbers. Have paper and pens ready to hand out for this purpose.
2. Assign Session 4 from the Participant's Guide. Encourage participants to continue reviewing material in the guide for reinforcement.
3. Encourage them to contact the American Cancer Society at 1-800-ACS-2345 should they have any questions at any time.
4. Remind participants who did not quit that many successful ex-smokers have a history of failed attempts before they finally succeed.

Questions and Rationalizations with Suggested Answers

What is the success rate of this program?

First, we have to define "success." Is the person who quit for a month, went back to smoking for several months, and then quit again successful? Do we measure it at the end of the program, at six months, one year? The issue is more complicated than it appears at first. However, there is a simple way of looking at the question.

People are successful, not programs.

So the real question is, "How committed am I to making this program successful for me?" An arbitrary "success rate" can become just another rationalization to go back to smoking. Or, you can decide that you will be 100% successful in using the **Freshstart** program.

I live in a city where the air is so polluted it doesn't matter whether I smoke or not.

It's true that pollution is a serious problem in our cities, but when you add a single cigarette to air pollution you more than double the pollution in your lungs.

I live in Flagstaff, Arizona, and the air is so clean it makes up for my smoking!

You are not benefiting at all from the clean air in Flagstaff if you smoke cigarettes.

What do I do if someone I don't know offers me a cigarette at a party?

Say, "No, thank you. I don't smoke."

Will it help for me to switch to a low-tar and low-nicotine brand of cigarettes?

No. Low-tar and low-nicotine brand cigarettes contain equal amounts of nicotine as regular cigarettes. Because individuals are led to believe they are smoking "healthier" by switching, they end up smoking more cigarettes or inhale deeper and longer.

Will taking vitamins – such as C and B complex – reduce the harmful effects of smoking cigarettes?

No. At the very most, taking vitamins could help to keep your resistance to colds and minor conditions from being lowered by smoking; however, this has not been proven.

Are there people who just can't quit?

No. There are people for whom quitting is more difficult and for whom the withdrawal period is relatively more painful. And there are individuals whose life situations make stopping more difficult – for example, people who live under a great deal of stress or who have few sources of pleasure in their lives. Nonetheless, with a reasonable – and not superhuman – amount of effort, anyone can quit smoking!

How old do you have to be or how long do you have to smoke before smoking becomes a real health problem?

If you have smoked as much as just one cigarette a day for only one year, you have increased your chances of developing lung cancer.

I set my quit date and I tried to stop but I just didn't stop. Doesn't this mean that I really don't want to stop smoking?

No, this is a common but irrational idea. You're assuming that your own motivation is not within your awareness, and that you have to look outside at your behavior in order to know what you want and what you don't want. Read Session 1 of your Participant's Guide about ambivalence. And remember that the most likely reason for your not stopping is that you did not apply enough concentrated effort. This is good to know because it means that with more focus or more effort, you will be likely to succeed.

Don't I need smoking to keep me thin?

No. A stick of cinnamon or a glass of water or a celery stick, instead of a cigarette and instead of a sweet or high-calorie food, will serve the same purpose of helping you to stay thin. Planning ahead to avoid snacking, substituting sweets, or over-eating at mealtime is the key to avoiding weight gain. See Session 2 of your Participant's Guide regarding avoiding weight gain.

Why is it that some people smoke all their lives and live to be 100, while others never smoke and die younger?

It's a matter of probability. Smoking is gambling. The odds against living a long, healthy life are great for every smoker.

Can I stop smoking if my husband/wife/roommate smokes?

Yes. It is often more difficult to stop smoking if you live with someone who smokes, but it is certainly achievable. You should discuss stopping smoking with them. If you both decide to work on stopping smoking at the same time, be sure that you are constructive in supporting each other. Beware of using the other person's smoking as an excuse to go back yourself. If your mate does not want to stop smoking now, don't nag. Be supportive by letting him or her know that you will be glad to help out when they do decide to quit. Meanwhile, you might want to ask the people you're living with to limit their smoking to certain parts of your home – either temporarily or permanently.

I'm so used to having a cigarette in my hand. What will I do with my hands when I stop smoking – especially at parties?

Watch what other nonsmokers do with their hands. You can slowly sip a drink as you hold it, or you can eat something. You can hold your hands or you can hold someone else's hand. If there is dancing, you can remove some of your self-consciousness about not smoking by dancing. The best approach is to practice holding your hands very still as you stand or sit – rather than trying to find some superfluous activity to replace the activity of smoking.

Isn't it a fact that no matter how hard I try I'll just automatically end up substituting some other behavior for smoking once I stop?

No. You may be relieved to learn that this is not the case. There is no need for a substitute. Before you started smoking nothing was missing; there was no need for smoking then. And once you get past the one or two weeks of withdrawal, nothing will be missing for you then, either. Some individuals make the mistake of deliberately seeking out a new, unhealthy habit to replace their smoking. They may, for instance, eat sweets to reduce their cravings for nicotine, when they first stop smoking. Needless to say, they often end up with a sweet habit long after their desire to smoke is gone. The way to avoid replacing smoking with another bad habit is to make constructive choices during those first couple of weeks off cigarettes. Lemonade, for example, will reduce the frequency of cravings as much as candy will. And of course, plain water serves the same purpose.

I've been smoking steadily for 30 years now. Isn't the damage done already?

Yes, there is probably damage done. *However, most of the damage from cigarette smoking is reversible.* Smoking cessation outweighs reasons to continue smoking: Within 20 minutes of your last cigarette, blood pressure drops to a level close to that before your first cigarette; within 24 hours, the chance of having a heart attack will be reduced and will continue to reduce every day you stay quit; and within one week, all harmful chemicals from smoking, including nicotine, have left the body. There are even benefits for individuals who have already developed a smoking-linked disease. The painful symptoms of emphysema are diminished for individuals who stop smoking. Chronic bronchitis disappears completely for many ex-smokers.

Isn't it okay for me to get down to five cigarettes a day and keep that as my maximum?

Clearly five cigarettes a day is not as damaging to you as are 50 cigarettes a day. However, there are three important facts that you should keep in mind. First, very few individuals who have previously smoked more cigarettes on a daily basis are able to keep their rate down to just five or so a day. Second, even one cigarette a day increases your risk of dying before your time. And third, it ordinarily requires continual, concentrated effort to keep your cigarette rate down that low, when you had been used to smoking more.

My cousin quit smoking 20 years ago and she says that there hasn't been a single day that she hasn't longed for a cigarette.

Your cousin's problem has nothing to do with the power of cigarettes on you. Rather, some people make the mistake of looking to the past for sources of pleasure in their lives, rather than focusing on the present. It is not true that one never loses the desire to smoke. If you think you might tend to cling to the past too much, try making a list of new pleasures (friends, hobbies, etc.) to add to your life.

What do I do if I'm bored? I always think of smoking then.

Don't permit yourself to be bored. Keep busy. Movement is the answer for many new ex-smokers. Start a new hobby: painting, a craft, or something that involves considerable hand movement. Engage in physical exercise. Going to a movie or reading a book can turn your attention away from smoking. Use your imagination and think of activities ahead of time that relieve your boredom.

Average Daily Number of Cigarettes for Days Prior to Each Session

Participant's Progress Record

Average Daily Number of Cigarettes for Days Prior to Each Session

Participant	Session 1	Session 2	Session 3	Session 4
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Facilitator's Name:

Physical Improvements Following Cessation

20 minutes after a smoker quits:

- Blood pressure drops to a level close to that before the last cigarette.
- Temperature of hands and feet increases to normal.

8 hours after a smoker quits:

- Carbon monoxide level in blood drops to normal.

24 hours after a smoker quits:

- Chance of heart attack decreases.

2 weeks to 3 months after a smoker quits:

- Circulation improves.
- Lung function increases up to 30%.

1 to 9 months after a smoker quits:

- Coughing, sinus congestion, fatigue, and shortness of breath decrease.
- Cilia regain normal function in the lungs, increasing ability to handle mucus, clean the lungs, and reduce infection.

1 year after a smoker quits:

- Excess risk of coronary heart disease is half that of a smoker's.

5 years after a smoker quits:

- Stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.

10 years after a smoker quits:

- Lung cancer death rate is about half that of a continuing smoker's.
- Risk of cancer of the mouth, throat, esophagus, bladder, kidneys, and pancreas decreases.

15 years after a smoker quits:

- Risk for coronary heart disease is that of a nonsmoker's.